Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>1/14/2009</u>	Address:	Gravel Creek Rd north of,
Case #:	33F290 <u>85</u>		Elkinsville Rd,Story, IN
County:	<u>Brown</u>		
Type of La	aboratory Seizure (check one)	Seizure Location (check all that apply)
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Mater Reactive Metal (Lithium): Outdoor			
Auhydrous Ammonia: Outdoor			
Hydrochloric Acid Gas Generatoτ(s):			
Corrosive Acid: Outdoor			
Corrosive Basc:			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephedrinc/Pseudocphedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
	ment: Brown Co Fire Dept	Fax: <u>812</u> -	_
Health Department: <u>Brown Co Health Dept</u>		Fax: <u>812-988-5601</u> Fax: <u>812-988-12</u> 79	
Child Protec	tion Service: <u>Brown Co DCS</u>	1 dx. <u>0</u> 1 <u>2-90</u>	<u>6-12/9</u>
For further is Investigating	nformation regarding this methamphe g Officer: <u>J. Patrick</u> Phon	etamine laboratory, co no <u>812-332-4411</u>	ntaci
This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.